



Shirley A. Miezwa
6906 Quail Ave. N.
Brooklyn Center, Mn. 55429-1227
RE: Your Letter mailed 02/04/2005
and My Application 10/713,705
filed on 11/17/2003

USPTO
Attn. Examiner: Cranmer, Laurie K.
Commissioner For Patents
P.O. Box 1450
Alexandria Virginia 22313-1450

6-2-2005

Laurie,

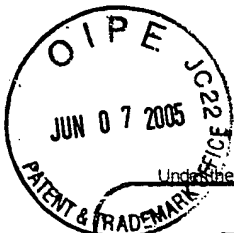
Please find enclosed:

1. Transmittal Form PTO/SB/21
2. \$60.00 Fee Money Order
3. Petition for Extension of Time PTO/SB/22
4. Claim 2 (New) to replace
Claim 1 (Canceled)
5. Self Addressed Stamped Post Card
for acknowledgement of receipt

Thank you for your assistance

Respectfully; Shirley A. Miezwa

Shirley A. Miezwa



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/713,705

Filing Date

11/17/2003

First Named Inventor

Shirley A. Miezwa

Art Unit

3636

Examiner Name

Cranmer, Laurie K.

Attorney Docket Number

ENCLOSURES

(Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

claim one canceled
claim two new**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name			
Signature	<i>Shirley A. Miezwa</i>		
Printed name	Shirley A. Miezwa		
Date	6-2-05	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Shirley A. Miezwa</i>	
Typed or printed name	Shirley A. Miezwa	Date 6-2-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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